

DECLARATION AND POWER OF ATTORNEY FOR APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAGNETORESISTIVE EFFECTIVE ELEMENT, THIN FILM MAGNETIC HEAD, MAGNETIC HEAD DEVICE
AND MAGNETIC RECORDING/REPRODUCING DEVICE

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____

as Application Serial No. _____.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2003-119251 filed April 24, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and
Edward P. Walker, Reg. No. 31,450.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor	Koji SHIMAZAWA		
2	Inventor's Signature	Given Name	Middle Initial	Family Name
3	Date of Signature	April 14, 2004		
	Residence	Chuo-ku, Tokyo, Japan		
	City	State or Province		
	Citizenship	Japanese		
	Post Office Address (Insert complete mailing address, including country)	(C/O) TDK Corporation, 1-13-1, Nihonbashi, Chuo-ku, Tokyo, 103-8272, Japan		

*If Box a. is checked, this form may be executed only when attached to the specification (including claims) at the end thereof.
Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE. ☐

(Discard this page in a sole inventor application)

1 Typewritten Full Name of Joint Inventor Kosuke TANAKA
Given Name Middle Initial Family Name
2 Inventor's Signature Kosuke Tanaka
3 Date of Signature April 14, 2004
Residence Chuo-ku, Tokyo, Japan
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1 Typewritten Full Name of Joint Inventor
Given Name Middle Initial Family Name
2 Inventor's Signature
3 Date of Signature
Residence
City State or Province Country
Citizenship
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(Insert complete mailing address, including country)

1 Typewritten Full Name of Joint Inventor
Given Name Middle Initial Family Name
2 Inventor's Signature
3 Date of Signature
Residence
City State or Province Country
Citizenship
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(Insert complete mailing address, including country)

1 Typewritten Full Name of Joint Inventor
Given Name Middle Initial Family Name
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1 Typewritten Full Name of Joint Inventor
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Post Office Address
(Insert complete mailing address, including country)

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.